



## From the desk of the chairman, Ketan Datariya

My first duty as chair of the committee of ABCD is to thank and acknowledge my predecessor, Dr Dipesh Patel. Dipesh had the unenviable task of steering the organisation through the COVID-19 pandemic and managed to navigate this huge burden extremely well. He ensured, with the support of fellow members and experts, that the organisation was able to respond to the clinical learning demands of members and supported the digital transformation that allowed us to operate efficiently and effectively during the lockdowns.

I have been a member of ABCD for more than 20 years and have seen it flourish during that time. I felt, having had a few other national roles, that the time was right for me, and I would like to thank everyone for having voted me into this position. As with all new caretakers, one expects a fresh sweep; in my role as chair of the committee I hope that I will be able to bring new perspectives to the organisation and support it to grow and thrive.

One of my first tasks was to get to grips with the vast amount of work that ABCD does across many different spheres of influence. Key to this breadth of activity will be the ability to welcome new and diverse members from across the UK and beyond. Our USP will always be that we are led by, and work for, trainees and consultants in diabetes. However, it is important to recognise the value and shared objectives of our multidisciplinary teams through the work we do with DTN, EXTOD, Diabetes UK, the Primary Care Diabetes Society, and other professional groups.

We had a successful first year of collaboration with the Diabetes Care Trust, launching a research grant programme with a grant offering of £50,000. I am delighted to report that we have secured funding to deliver the

same again this year. Applications for the programme have been submitted and are currently in review; we look forward to announcing the winner(s) soon. In the meantime, we are also delighted to launch a new programme, cheekily titled and based on the BBC popular programme *Dragons' Den*, which will support small grants for teams upon successful pitching to the Dragons.

With more meetings and events than ever before, ABCD has much to offer its members. This year we will be hosting a series of regional meetings and three national events (ABCD, DTN, Joint ABCD/UKKA). We have also supported, through DTN, a number of insulin pump and technology courses. I know from experience that it is never too late to learn new skills and keep up-to-date with the ever changing advances in diabetes care, so do join us at our events and support your ongoing professional development – see <https://abcd.care/events>

Our focus on lifelong learning continues, and earlier this year we introduced the first Diabetes Update Programme. This course was developed after it was realised that diabetes consultants lacked a way of educating trainees on some of the basic, but more advanced issues in our speciality. So, taking a leaf out of the book of our fellow organisation the Society for Endocrinology, we looked at their successful Endocrine Update course to develop and deliver a course focusing on the core diabetes curriculum for SpRs. I am very pleased to report that the event was a huge success, and the event will be running again next year.

Mentorship and SpR development are a major part of our investment in the future of diabetes medicine. Do encourage your SpRs to get involved, join ABCD and take advantage of our

exclusive programmes.

In September 2023, ABD launched its new and updated livery with a fresh new website. We welcome your feedback – just email us at [info@abcd.care](mailto:info@abcd.care).

Our core programmes of work continue. A successful conference was held in September 2023. The ABCD Diabetes Technology Network (DTN) continues to go from strength to strength under the leadership of Alistair Lumb. Having taken over from me, Omar Mustafa as chair and the Joint British Diabetes Societies for Inpatient Care Group (JBDS-IP) continue to develop, maintain and produce expert guidelines and support. They have an ambitious project to identify the right number of staff to deliver an ideal, 'state of the art' inpatient diabetes service in the UK. Some documents are being updated (e.g. nutrition for those on enteral nutrition), whilst others are new – e.g. diabetes technology in the hospital. We are delighted to contribute to this work and to host the outputs of the work on our website. *The British Journal of Diabetes*, funded and published by ABCD, continues to evolve and grow; do make sure you follow our dedicated BJD twitter account (@BJDiabetes) to be the first to hear about publication of our ahead-of-print articles and please do consider sending us your original research, audits and case studies to help support us. The BJD is now ready to apply for PubMed listing.

We continue to represent consultants at a national level to support and campaign for best practice in diabetes care. We have a national platform and strong voice with policymakers and stakeholders to ensure that the expertise we represent is considered and supported. This was demonstrated most recently when ABCD (along with PCDS) was asked to provide the clinical input for

the DHSC on the unavailability of GLP-1 receptor analogues.

Our newsletters and social media platforms help us to disseminate information speedily and widely. We will continue to work with our partners and collaborators to ensure information and guidance is disseminated promptly.

We have a strong membership but there is always room for growth, and it is important that we are welcoming and

inclusive in our membership. I urge all members to act as ambassadors for the organisation, and to welcome and encourage those who have yet to join to consider signing up. We are considering associate membership for diabetologists from outside of the UK.

As chair of the ABCD committee I would like to take this opportunity to thank all the corporate sponsors of both ABCD and DTN, without whom none of

these programmes and supporting activities would be possible. Sponsors include AstraZeneca, Lilly, Sanofi, A Menarini Farmaceutica Internazionale SRL, Abbott Laboratories Ltd, Dexcom, GlucoRx Limited, Insulet International Ltd, Ypsomed Ltd, Air Liquide Healthcare Ltd, Medtrum Ltd Menarini Diagnostics and Roche Diabetes Care.

**Ketan Dhatariya,  
Chair ABCD**

## From the desk of the News Editor, Umesh Dashora

### Knuston Diabetes Counselling and Empowerment Course (Hassan Kahal)

Knuston Diabetes Counselling and Empowerment course is focused on person-centred care and directed at healthcare professionals. It is a not-for-profit, well established course with experienced practitioners who have worked in the diabetes field for more than 30 years. Course feedback has been very positive for all courses. The face-to-face course has been accredited with 22 CPD points and the online course with 15 CPD points by the Royal College of Physicians.

#### Course objectives are:

- To facilitate self-empowerment and self-management in people with diabetes
- To learn and practise the core principles of the person-centred approach to counselling
- To develop

More details can be found on the website. Knuston Diabetes Counselling and Empowerment Course.

## From the desk of Rebecca Reeve (Sanofi)

### Best practice in UK diabetes care recognised at prestigious national awards

NHS teams from Children and Young People's NE and N Cumbria Diabetes Network, Talking Type 1 / NHS Wales and Guy's & St Thomas' NHS Foundation

Trust were among those recognised at the thirteenth annual Quality in Care (QiC) Diabetes Awards. The Quality in Care Diabetes team and Sanofi were delighted to hold the awards ceremony on Thursday 12 October. QiC Diabetes recognises initiatives that improve the quality of life for people living with diabetes, as judged by the NHS, patients and industry. The 2023 QiC Diabetes Awards also saw the new category 'Peer support' receive a high number of entries of an excellent standard. The winner of this new category was #diabeteschat by Peer Support and Anne Goodchild, recognised as an 'Outstanding Educator in Diabetes'. This year QiC Diabetes is proud to work again with NHS Wales and NHS England. The fifth 'NHS Wales Outstanding Contribution Award for Services in Diabetes' went to Rachael Humphreys and the seventh 'NHS England Outstanding Contribution Award for Services in Diabetes' went to Dr Bob Young. Also, for the first time, Sanofi were proud to support the 'Sanofi Green Award', presented by Professor Nick Oliver and won by Professor Ketan Dhatariya.

<https://www.qualityincare.org/diabetes>

### Proposed changes to the Statutory Scheme for branded medicines will likely deter investment in developing, researching and launching new medicines in the UK, according to a new analysis

The review by NERA Economic Consulting, commissioned by the Association of the British Pharmaceutical Industry (ABPI), raises serious concerns

about the analysis, assumptions and approach taken by the Department of Health and Social Care (DHSC) in its consultation on proposed changes to the Statutory Scheme. Both the Statutory Scheme and the Voluntary Scheme (VPAS) require companies to pay back a percentage of their NHS-branded medicines sales each year to the DHSC. These payments are on top of NICE's assessment of value for money, separately negotiated discounts with the NHS and other business taxes. The NERA team determined that the proposals are likely to deter investment in developing and launching new medicines in the UK, and could result in low-margin medicines being withdrawn from the UK market, limiting NHS patients' access to medicines. It suggested that companies may also not locate clinical trials in the UK if they perceive it to be unsupportive of innovation, further limiting patients' access to cutting-edge treatments which are often accessed through such trials. [nera-review-statutory-scheme-from-2024.pdf](https://www.nera-review-statutory-scheme-from-2024.pdf) ([abpi.org.uk](http://abpi.org.uk))

### NHS rolls out world-first programme to transform diabetes care for under 40s

Tens of thousands of people in England living with early-onset type 2 diabetes (T2DM) will benefit from more intensive and targeted care, thanks to a world-first initiative being rolled out by the NHS. Around 140,000 people from 18 to 39 years old will receive additional tailored health checks from healthcare staff and support with diabetes management, such as blood sugar level control, weight

management and cardiovascular risk minimisation. Under the ambitious new programme, named 'T2Day: Type 2 Diabetes in the Young', patients will benefit from extra one-to-one reviews as

well as the option of new medicines and treatments where indicated, to help better manage their diabetes. The NHS is the first health system in the world to put in place a national, targeted

programme for this high-risk group of people.

<https://www.england.nhs.uk/2023/08/nhs-rolls-out-world-first-programme-to-transform-diabetes-care-for-under-40s/>

## Interesting recent research

**Umesh Dashora**

**A rapid-fire collection (extract) of interesting recent developments in diabetes**

Authors, Journal	Type of Study	Main results
Yavorov-Dayliev <i>et al</i> , <i>Diabetologia</i>	Animal studies	<b>Synbiotics may have a role in the prevention of diabetes and its complications</b> Gut microbiome restoration by a combination of <i>Pediococcus aciditactici</i> with chromium picolinate and oral beta glucans could work as a potential strategy for blood glucose regulation in the prevention of type 2 diabetes (T2DM) and obesity. <i>Yavorov-Dayliev D, Milagro FI, Ayo J et al. Glucose-lowering effects of a synbiotic combination containing Pediococcus aciditactici in C. elegans and mice. Diabetologia 2023; 66, 2117–38. <a href="https://doi.org/10.1007/s00125-023-05981-w">https://doi.org/10.1007/s00125-023-05981-w</a></i>
Skriver <i>et al</i> , <i>Diabetologia</i>	Real-world study	<b>GLP-1 agonist may be protective against prostate cancer</b> In this registry-based study, in comparison with basal insulin use, GLP1 agonist use was associated with an adjusted HR of 0.91 in the intention-to-treat analysis and 0.80 in the per-protocol analysis for the observed outcome of prostate cancer over a 5-year period. The protection was stronger among older men and in patients with cardiovascular disease. <i>Skriver C, Friis S, Knudsen LB et al. Potential preventive properties of GLP-1 receptor agonists against prostate cancer: a nationwide cohort study. Diabetologia 2023; 66: 2007–16. <a href="https://doi.org/10.1007/s00125-023-05972-x">https://doi.org/10.1007/s00125-023-05972-x</a></i>
Forouhi <i>et al</i> , <i>Diabetologia</i>	Narrative review	<b>Which diet is good for people with type 2 diabetes?</b> In this review the author explains the key principles of a diet that is good for people who want to avoid diabetes or who have diabetes. The review considers various strategies like low-energy, low-fat and low-carbohydrate diets and summarises the current evidence. <i>Forouhi NG. Embracing complexity: making sense of diet, nutrition, obesity and type 2 diabetes. Diabetologia 2023; 66: 786–99. <a href="https://doi.org/10.1007/s00125-023-05873-z">https://doi.org/10.1007/s00125-023-05873-z</a></i>
Kobayashi <i>et al</i> , <i>Diabetologia</i>	Parallel-group RCT	<b>Strength training (ST) is more effective than aerobic exercise alone in people with normal-weight T2DM</b> In this study a significant decrease in HbA1c level (-0.44 percentage point) was noted in the strength training group compared to no significant change in the combination group or aerobic exercise alone group. Lean mass compared to fat mass increased only in the ST group. <i>Kobayashi Y, Long J, Dan S et al. Strength training is more effective than aerobic exercise for improving glycaemic control and body composition in people with normal-weight type 2 diabetes: a randomised controlled trial. Diabetologia 2023; 66: 1897–1907. <a href="https://doi.org/10.1007/s00125-023-05958-9">https://doi.org/10.1007/s00125-023-05958-9</a></i>
Sridhar <i>et al</i> , <i>Diabetologia</i>	Review	<b>SGLT-2 inhibitors, GLP-1 RAs and non-steroidal mineralocorticoid receptor antagonists may be beneficial in T1DM also</b> In this review the authors examine the potential benefits of medications that have been found to be cardio- and renoprotective in people with T2DM <i>Sridhar VS, Limonte CP, Groop PH et al. Chronic kidney disease in type 1 diabetes: translation of novel type 2 diabetes therapeutics to individuals with type 1 diabetes. Diabetologia 2023 Oct 6 <a href="https://doi.org/10.1007/s00125-023-06015-1">https://doi.org/10.1007/s00125-023-06015-1</a></i>
Meek <i>et al</i> , <i>Diabetologia</i>	Review	<b>New hypothesis for the pathophysiology of childhood obesity in infants born to mothers with diabetes</b> In this excellent review the authors have tried to identify the interventions that can help prevent childhood obesity in these at-risk infants. Interventions start from the pre-pregnancy period and cover the period of pregnancy, postnatal period and childhood, addressing the issue of glucose levels, diet, exercise, medications, interval between pregnancy, education, equity and socioeconomic factors. <i>Meek CL. An unwelcome inheritance: childhood obesity after diabetes in pregnancy. Diabetologia 2023; 66: 1961–70. <a href="https://doi.org/10.1007/s00125-023-05965-w">https://doi.org/10.1007/s00125-023-05965-w</a></i>

Authors, Journal	Type of Study	Main results
Falkentoft <i>et al</i> , <i>Diabetologia</i>	Cohort study	<p><b>Individuals who do not take oral glucose-lowering drugs (OGLDs) after a new diagnosis of T2DM are at higher risk of major adverse cardiovascular events (MACE)</b></p> <p>Compared with well-controlled participants on GLDs, the 5-year standardised risk of MACE was higher in the three other exposure groups, by 3.3% in the persistent T2DM group not on OGLDs, 2.0% in the remission group not on GLDT and 3.5% in the poorly controlled group on OGLDs. The difference may be related to lower use of statins and renin angiotensin system inhibitors.</p> <p><i>Falkentoft AC, Gerds TA, Zareini B et al. Risk of first-time major cardiovascular event among individuals with newly diagnosed type 2 diabetes: data from Danish registers. Diabetologia 2023; 66, 2017–29. <a href="https://doi.org/10.1007/s00125-023-05977-6">https://doi.org/10.1007/s00125-023-05977-6</a></i></p>
Meek <i>et al</i> , <i>Diabetologia</i>	CONCEPTT trial analysis	<p><b>Altered lipid metabolism in T1DM pregnancy may underlie some of the neonatal complications</b></p> <p>In this study maternal glucose monitoring time-above-range was associated with increased triacylglycerol in maternal blood and increased carnitines in cord blood. Large for gestational age was associated with increased carnitines, steroid hormones and lipid metabolites, predominantly in the third trimester. However, neonatal hypoglycaemia and offspring hyperinsulinism were both associated with metabolite changes from the first trimester. Optimising maternal diet and insulin dose from the first trimester therefore may improve pregnancy outcome.</p> <p><i>Meek CL, Stewart ZA, Feig DS et al. Metabolomic insights into maternal and neonatal complications in pregnancies affected by type 1 diabetes. Diabetologia 2023; 66: 2101–16. <a href="https://doi.org/10.1007/s00125-023-05989-2">https://doi.org/10.1007/s00125-023-05989-2</a></i></p>
Hartmann-Boyce <i>et al</i> , <i>Diabetes Care</i>	An update to the overview of reviews	<p><b>Update on diabetes and COVID-19</b></p> <ul style="list-style-type: none"> <li>– Meta-analyses were mixed on whether T1DM predisposes individuals to higher risk from SARS-CoV-2 than T2DM</li> <li>– People with diabetes who use insulin appear to be at higher risk for poor outcome compared to those not on insulin</li> <li>– Data are mixed on people with diabetes using DPP-4 inhibitors</li> <li>– Data are insufficient to conclude whether diabetes predisposes to COVID-19 infection</li> <li>– Risk of severe disease is doubled in people with diabetes</li> <li>– COVID-19 can cause new-onset diabetes</li> <li>– Higher blood glucose levels are associated with worse outcome</li> <li>– Mixed data on the role of co-morbidities on outcome</li> <li>– Metformin use prior to hospitalization associated with reduction in the risk of death</li> </ul> <p><i>Jamie Hartmann-Boyce, Karen Rees, Igho Onakpoya, et al; An update to the overview of reviews: risks of and from SARS-COV-2 infection and COVID-19 in people with diabetes. Diabetes Care 2023; dc231365. <a href="https://doi.org/10.2337/dc23-1365">https://doi.org/10.2337/dc23-1365</a></i></p>
Kwon <i>et al</i> , <i>Diabetes Care</i>	Nationwide cohort study	<p><b>People with diabetes with concurrent atrial fibrillation (AF) are at higher risk of diabetes-related macrovascular complications, diabetic nephropathy and diabetic foot</b></p> <p>After well-balanced propensity score matching, AF was associated with significantly higher risk of macrovascular complications (HR 1.12), diabetic nephropathy (HR 1.23) and diabetic foot complications (HR 1.13)</p> <p><i>Soonil Kwon, So-Ryoung Lee, Eue-Keun Choi et al; Association between atrial fibrillation and diabetes-related complications: a nationwide cohort study. Diabetes Care 2023; dc230931. <a href="https://doi.org/10.2337/dc23-0931">https://doi.org/10.2337/dc23-0931</a></i></p>
Hsieh <i>et al</i> , <i>Diabetes Care</i>	Cohort study	<p><b>COVID-19 vaccination may prevent development of T2DM</b></p> <p>SARS-CoV-2 infection was associated with a 65% higher risk of developing new-onset T2DM. Vaccinated individuals had a 21% lower risk of developing new-onset T2DM after infection compared to unvaccinated ones.</p> <p><i>Tina Yi Jin Hsieh, Renin Chang, Su-Boon Yong, Pei-Lun Liao, Yao-Min Hung, James Cheng-Chung Wei; COVID-19 vaccination prior to SARS-CoV-2 infection reduced risk of subsequent diabetes mellitus: a real-world investigation using US electronic health records. Diabetes Care 2023; dc230936. <a href="https://doi.org/10.2337/dc23-0936">https://doi.org/10.2337/dc23-0936</a></i></p>
Hocking <i>et al</i> , <i>Diabetes Care</i>	Prospective study	<p><b>Intensive lifestyle intervention can induce remission in people with T2DM</b></p> <p>At 12 months, remission was achieved in 56% participants with a mean adjusted weight loss of 8.1% in this Australian primary care study.</p> <p><i>Samantha L Hocking, Tania P Markovic, Crystal MY Lee, Tegan J Picone, Kate E. Gudorf, Stephen Colagiuri; intensive lifestyle intervention for remission of early type 2 diabetes in primary care in Australia: DiRECT-Aus. Diabetes Care 2023; dc230781.</i></p>
Shin <i>et al</i> , <i>Diabetes Care</i>	Cohort study	<p><b>Prediabetic HbA1c is negatively associated with cerebral cortical thickness</b></p> <p>Cerebral cortical thickness and HbA1c are negatively associated in the prediabetic range. The association was strongest in the brain regions with higher expression of genes specific to excitatory neurons and lower expression of genes specific to astrocytes and microglia. There is a significant locus implicating mitochondrial maintenance and ATP generation.</p> <p><i>Jean Shin, Yash Patel, Nadine Parker, Tomas Paus, Zdenka Pausova. Prediabetic HbA1c and cortical atrophy: underlying neurobiology. Diabetes Care 2023; dc231105. <a href="https://doi.org/10.2337/dc23-1105">https://doi.org/10.2337/dc23-1105</a></i></p>

Authors, Journal	Type of Study	Main results
Donovan <i>et al</i> , <i>Diabetes Care</i>	RCT	<b>Closed-loop insulin trial in women with T1DM post-partum</b> Women randomised to closed-loop insulin delivery post-partum compared to sensor-augmented pump therapy had similar time in range but spent less time in the hypoglycaemia range. <i>Lois E Donovan, Denice S Feig, Patricia Lemieux, et al. A randomized trial of closed-loop insulin delivery postpartum in type 1 diabetes. Diabetes Care 2023; dc230882. <a href="https://doi.org/10.2337/dc23-0882">https://doi.org/10.2337/dc23-0882</a></i>
Malecki <i>et al</i> , <i>Diabetes Care</i>	Multivariate analysis of SURPASS 1-4	<b>Factors predicting greater body weight reduction with tirzepatide</b> Higher tirzepatide dose, female sex, White or Asian race, younger age, metformin background therapy and lower HbA1c, fasting serum glucose and non-HDL cholesterol at baseline were associated with body weight reduction of >15% or more. <i>Maciej T Malecki, Rachel L Batterham, Naveed Sattar et al. Predictors of ≥15% weight reduction and associated changes in cardiometabolic risk factors with tirzepatide in adults with type 2 diabetes in SURPASS 1-4. Diabetes Care 2023; dc231135. <a href="https://doi.org/10.2337/dc23-1135">https://doi.org/10.2337/dc23-1135</a></i>
Nielsen <i>et al</i> , <i>Diabetes Care</i>	RCT	<b>Desiglucon treatment for postprandial hypoglycaemia after gastric bypass surgery</b> Compared with placebo, treatment with desiglucon significantly reduced time in level 1 hypoglycaemia by 33% and time in level 2 hypoglycaemia by 54%. The time taken to correct hypoglycaemia was within 15 minutes. <i>Casper K Nielsen, Caroline C Øhrstrøm, Inas JK Houji et al; Desiglucon treatment for postprandial hypoglycemia after gastric bypass: a randomized, double-blind, placebo-controlled trial. Diabetes Care 2023; dc231193. <a href="https://doi.org/10.2337/dc23-1193">https://doi.org/10.2337/dc23-1193</a></i>
Sanusi <i>et al</i> , <i>Diabetes Care</i>	Retrospective cohort study	<b>Continuous glucose monitoring (CGM) metrics for pregnancy with diabetes</b> CGM analysis showed that for each 5 percentage-point increase in time in range there was a 28% reduction in odds of neonatal morbidity. The statistically optimal TIR was 66-71%. <i>Ayodeji A Sanusi, Yumo Xue, Claire Mclwraith et al; Association of continuous glucose monitoring metrics with pregnancy outcomes in patients with preexisting diabetes. Diabetes Care 2023; dc230636. <a href="https://doi.org/10.2337/dc23-0636">https://doi.org/10.2337/dc23-0636</a></i>
Bell <i>et al</i> , <i>Diabetes Obesity and Metabolism</i>	Review	<b>Pioglitazone is an economically efficacious treatment for people with T2DM</b> Pioglitazone reduces HbA1c by lowering insulin resistance and increasing beta cell function. It has a positive effect on cardiac risk factors and lowers the incidence of cardiac events in people with T2DM. The recurrence of transient ischaemic attacks and ischaemic strokes is also reduced in non-diabetic insulin-resistant people. Pioglitazone in pre-clinical stages of heart failure improves diastolic function and avoids progression to heart failure. It also reduces the incidence of atrial fibrillation, non-alcoholic steatohepatitis and polycystic disease of ovary, psoriasis and dermopathy. Unfortunately, it is underutilized because of biases evolved from the toxicities of other glitazones. <i>Bell DSH, Jerkins T. In praise of pioglitazone: an economically efficacious therapy for type 2 diabetes and other manifestations of the metabolic syndrome. Diabetes Obes Metab 2023; 25(11): 3093-3102. <a href="https://doi.org/10.1111/dom.15222">https://doi.org/10.1111/dom.15222</a> features and mortality. Diabetic Medicine 2022 Nov 18:e15013.</i>
Kazuya-Fujihara <i>et al</i> , <i>Diabetes Obesity and Metabolism</i>	Registry-based study	<b>Remission of diabetes can be achieved at a relatively lower BMI in Asian people with T2DM</b> The rates of remission were higher in the group with the greatest reduction of body mass index in any category. Modest weight losses of 3.0-7.9% were significantly associated with remission, but a minimum of 10% weight loss would be required in addition to early diagnosis to achieve a remission rate of 10% in an Asian population. <i>Kazuya Fujihara, Laymon Khin, Koshiro Murai et al, JDDM Study Group. Incidence and predictors of remission and relapse of type 2 diabetes mellitus in Japan. <a href="https://doi.org/10.1111/dom.15100">https://doi.org/10.1111/dom.15100</a></i>
Liyanage, <i>Diabetic Medicine</i>	Retrospective observational study	<b>The impact of modified screening approach during COVID-19 pandemic on diagnosis and outcome of gestational diabetes mellitus in Canada</b> GDM diagnosis rate was lower in the modified-screening (7.4%) than in the standard-screening (12.3%) group. Large for gestational age rates in the modified-screening with GDM and the standard screening groups were 24.8% and 12.6%, respectively <i>Liyanage V, Barrett O, Ngwezi D, et al. Impact of a modified screening approach during the COVID-19 pandemic on diagnosis and outcomes of gestational diabetes mellitus: a population-level analysis of 90,518 pregnant women. Diabet Med 2023; e15247. <a href="https://doi.org/10.1111/dme.15247">https://doi.org/10.1111/dme.15247</a></i>
Conway, <i>Diabetic Medicine</i>	Cohort study	<b>Diabetes increases the risk of pancreatic cancer</b> Pancreatic cancer risk is higher among those with diabetes (HR 1.54), with similar increases among African Americans and Whites. There was no trend in risk observed with duration of diabetes. African Americans were at increased risk of pancreatic cancer after adjusting for diabetes (HR 1.40). Stronger association with low BMI was evident among those with diabetes. <i>Conway RBN, Hudson AG, Munro H, Fu D, McClain DA, Blot WJ. Diabetes and pancreatic cancer risk in a multiracial cohort. Diabet Med 2023; 00:e15234. doi:10.1111/dme.15234</i>



# DTN-UK NEWS

Collaborate • Evolve • Support

First, on behalf of the Diabetes Technology Network (DTN) committee, I am happy to announce that Dr Sufyan Hussein and Geraldine Gallen have been appointed as joint Vice Chairs of DTN. Geraldine is Senior Diabetes Specialist Nurse and Type 1 Service Lead at King's College Hospital, London and has done a lot of work in developing both online and in-person teaching in diabetes technology, including developing the popular DTN Educator training days and featuring in many of our online videos. Sufyan is a Consultant Physician in Diabetes & Endocrinology at Guy's & St Thomas' NHS Foundation Trust, London and an Honorary Senior Clinical Lecturer at King's College, London and has been the lead specialist committee member for the NICE Multiple technology appraisal (TA) of hybrid closed-loop (HCL) systems.

The majority of the DTN committee's work recently has revolved around the NICE TA process, in support of the important work being done by NICE and NHS England. Now that the final draft of the guidance has been published, we are building a variety of different information resources for

teams to use. We have recorded some videos, which will be available very soon via the DTN website. We are also developing documents to support local teams to develop pathways and to support decisions around prioritisation alongside other advice. We will be publishing soon a list of the key skills required to be able to use HCL systems safely. Teams are invited to make use of our HCL information leaflet, which is available for distribution either electronically or in paper form for all those starting on HCL treatment.

We are pleased to announce that we will be holding two Educator Days early next year – in London on 6th February and Manchester on 15th March. These face-to-face events will provide an essential update for all educators working in diabetes technology and I am sure that they will prove as popular as in previous years. Please book early to secure your space.

2024 promises to be an extremely exciting year for diabetes technology across the UK – we look forward to working with you.

**Alistair Lumb**  
Alistair.Lumb@ouh.nhs.uk

## YDEF NEWS

EDUCATION • ADVOCACY • SUPPORT

It has been another busy few months for the YDEF committee. We have been working hard to continue to represent and advocate for trainees in Diabetes & Endocrinology and to provide opportunities to further their careers.

We have successfully awarded our second round of Marjorie prizes – named after the little-known animal hero Marjorie the dog, who was pivotal in the discovery of insulin. These prizes were handed out at our YDEF day in Leeds in July, which was as well attended as ever. YDEF day is returning to the Diabetes UK professional conference as a one-day warm-up to the main event. Further details will be available shortly.

We were also able to provide the opportunity for SpRs to attend EASD in Hamburg in 2023, to share their research work and enhance their learning at an international conference. The applications were competitive, and everyone gained a lot from attending. Some of their reflections were recently shared in Diabetes Update.

We continue to run our popular courses. The YDEF technology course still sells out faster than Glastonbury. It will be continuing twice per year for the foreseeable future to ensure that fellow trainees are equipped to deal with the

technology avalanche about to hit our service (see this edition's Editorial!). We also have two new courses coming in 2024. Our Diabetes Foot course will take place in the first half of the year, providing vital updates to trainees from national experts; and our Maternal Medicine course will cover aspects of management pre-conception and during pregnancy for both diabetes and endocrine conditions.

Please ensure you stay up-to-date with our upcoming courses by following us on Twitter @youngdiab and visiting our website <https://www.youngdiabetologists.org.uk>. Upcoming opportunities include the Marjorie Prize 2024 (please encourage your medical students, foundation trainees and IMTs to apply) and the ATTD scholarship. Watch this space!

**Tom Crabtree**  
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YDEF is dedicated to all diabetes and endocrine trainees and is open for new members to register on our website. Take advantage of our regular newsletters and up-to-date advertising of a wide variety of courses and meetings to complement your training. As always, we are continuously looking to develop and propagate our specialty so do not hesitate to contact us if you have any suggestions or questions!

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